



Strand Youth Theatre Project 2006 - 2007 Application

Name: _____

Date of Birth: _____

Address: _____

Phone: _____

Cell: _____

Parent Name: _____

Parent Phone: _____ Parent Cell: _____

School Attending: _____ Grade: _____

Which class of the Strand Youth Theatre Project are you most interested in?

____ Level 1: Beginning Acting

____ Shakespeare

How did you hear about the Strand Youth Theatre Project?

Do you already have any afterschool commitments (programs, jobs, etc.)?

If yes, what days of the week and what hours?

Are you able to commit to this program for the entire academic year
(fall and spring)?